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Annual Post-Graduate Oration.[1]

THE LIFE AND WORK OF SIR THOMAS ANDERSON STUART.

By SIR CHARLES BICKERTON BLACKBURN,
Sydney.

There is probably no field of human endeavour in which those engaged would not be better equipped to play their parts if they had taken pains to acquaint themselves with the history of the development of the knowledge they employ. Especially does this apply to a science, for no one can justly claim to be fully instructed in a science who is uninformed in the history of its evolution, of the ideas that foreshadowed and the persons who established the facts on which his own work depends.

You are invited tonight to focus your thoughts on a page from the history of the science and art of medicine, the records of a craft that, functioning long before legend gave place to history, has been, throughout the ages, dedicated to man's noblest endeavour—to bring succour to his fellows in their age-long struggle for survival against the relentless forces of disease. This page deals with the life and work of Thomas Peter Anderson Stuart, who came from Scotland sixty-five years ago to establish the School of Medicine of the University of Sydney, which is today heroically endeavouring to prepare more students for induction into the craft of healing than almost any other school in the British Commonwealth of Nations.

[1] Delivered on June 2, 1948, at the Great Hall of the University of Sydney. This oration is delivered to commemorate those who have advanced the art and science of medicine in New South Wales.

Incidentally it may be mentioned that it is trying to do this with a smaller staff and much smaller financial resources than any other of those schools of anything like comparable size.

The standard books from which the student learns his medical history are probably more truly international in the approach to their subject than any similar works dealing with other forms of endeavour, for it is the achievements of those who have made notable additions to the general store of medical knowledge for which they are remembered rather than their nationality. There is, however, also scope for a national viewpoint and something to be said for the thesis that, like charity, history—and geography—should begin at home.

FIGURE I.

The Post-Graduate Committee in Medicine in the University of Sydney is therefore to be congratulated upon its recent decision to found an annual oration which should commemorate and place on record an account of the life and work of some member of the medical profession who has played a conspicuous part in the advancement of medical knowledge in this State. When it was decided that the first oration should be given this year, Sir Thomas Anderson Stuart was, of course, the obvious choice for its subject. I regard it as a very signal honour to have been invited to deliver the inaugural address, but might have had some hesitation in accepting so great a responsibility had I not felt that as Chancellor of the University of Sydney I should welcome the opportunity of commemorating the work

of one to whom the university owes so much. From the purely personal point of view, however, I am very happy to be in the position of being able to pay a tribute to a friend with whom I was on terms of close intimacy for many years.

Before I embark upon my undertaking, I must frankly acknowledge that in preparing this address I have drawn freely upon the book "The Life of Sir T. P. Anderson Stuart", written by William Epps and published in 1922. This admirable biography is really in many respects an autobiography, for, as Sir Thomas wrote in the foreword dated January 30, 1920, it had been his intention to write his autobiography—indeed, he had already begun it when he was stricken down by his mortal illness. Under the altered circumstances he invited Mr. Epps, who, as secretary of the Royal Prince Alfred Hospital, had been closely associated with him as chairman of the hospital for almost twenty years, to be his biographer. He thereupon placed the notes he had already made at Mr. Epps's disposal, and during the time left to him dictated many more details of his life and work. The book is extremely interesting and very easy to read, and, of course, contains a great deal of information not contained in the short story I am now to tell you.

From the point of view of the historian, the life of Sir Thomas Anderson Stuart is conveniently divided into two quite distinct periods. The first, extending over twenty-seven years, during which he was preparing himself for life's adventure, was lived in his birthplace, Scotland. The second, the major portion, covering the period from the age of twenty-seven years till the time of his death, was spent in Sydney, and is our main topic of interest tonight. But much of the human interest would be missing if one merely recorded Anderson Stuart's manifold activities without making any attempt to analyse his character and understand his mental background.

By the time a man is twenty-seven his character is so firmly moulded that it rarely alters appreciably afterwards. Certain conspicuous traits may, and often do, become more dominant, but in the main a man of that age might, in many respects, be compared with an automaton responding to strings pulled by what we speak of as the subconscious mind—something that is built up from the countless and infinitely varied experiences of his earlier life and their reaction on his primitive instincts and certain inherited tendencies. It is therefore essential to review such information as is available about the first period before we pass on to the second. Fortunately a great deal of just the kind of knowledge required was supplied by Sir Thomas himself to his biographer.

Thomas Peter Anderson Stuart was born in Dumfries in 1856, of middle-class parents in comfortable circumstances. His father was engaged in business, but was more notable for the keen interest he took in the public affairs of the town council. The characteristics for which Anderson Stuart is probably best remembered by those who knew him were apparently inherited or acquired from his mother, to whom he was devoted, for she seems to have been quite an unusual

woman, of determined and independent character, and always in the lead in organizing philanthropic and charitable activities. He seems to have rather resented being an only child and having no brothers and sisters to mix with, and in his last days, speaking of his childhood, he referred feelingly to his loneliness as a boy and told how he used to stand outside other people's houses and listen to children playing within. He apparently had few friends of his own age, and had little opportunity for taking part in organized games. He remarked that he thought a little cricket and football would have kept him a younger

FIGURE II. Aged nine years.

man than he was. His chief exercise was in taking long walks. His contacts were mainly with adults, and even his early holidays were spent usually with his first schoolmaster. As he grew older he spent much of his time in the homes of the local doctor and other elders of the town.

The fact that at sixty-seven Anderson Stuart so vividly recalled these experiences of his childhood suggests that they are not to be lightly passed over as mere biographical trivialities, but that they are rather to be regarded as providing an important clue to some aspects of his adult character. From a psychological point of view he seems to have been suffering at this period from what is spoken of as an

inferiority complex, and a photograph of him at the age of nine years suggests a shy, rather diffident boy.

After spending his early days at a private school he entered the Dumfries Academy, and at fourteen years left to enter a chemist's shop as an apprentice. By the time he was sixteen he had easily negotiated the examinations that entitled him to practise as a registered chemist, but he had five years to wait till at twenty-one he would actually be permitted to do so. It was apparently at about this time that he came to realize that he was gifted with unusual mental powers and might justly aspire to fill a role a good deal more exalted than that of a pharmaceutical chemist. The decision to adopt a medical career followed, and despite the opposition of his father he began to prepare himself for the entrance examination.

At that time it was compulsory to pass the examination in not less than seven subjects, but they could be taken separately. He elected to take nine, in three groups of three at six-monthly intervals, and with that foresight and forward planning that were to be so characteristic of him in later years, he included among them Greek, French and German. Greek, because without it he would not be able to sit for the M.D. examination later on; French and German, because a doctor whose opinion he valued told him he would need them to keep himself abreast of continental knowledge. He passed the examination with honours in several subjects and then, having some time on his hands before his first university term began, he proceeded to an academy in Germany, further to perfect his knowledge of French and German.

From the time he entered upon his medical course at the University of Edinburgh in 1875 he gave himself up entirely to work, his only relaxation being a walk on Saturday afternoons and church attendance on Sundays. His career was meteoric, and he carried off medals every year, and on graduation was awarded the gold medal and Ettles Scholarship as the best scholar of the year. He is said not to have been very popular with his fellow students; but those who keep their noses to the grindstone and win all the prizes rarely are.

It is interesting to note that at the annual graduation dinner that year, at which Anderson Stuart as senior scholar was vice-chairman, Alexander MacCormick and Robert Scot Skirving were also present.

Before sitting for his final M.B. examination in Edinburgh Anderson Stuart had gone to London and passed the first professional examination for the M.R.C.S. He did so well that he was advised to take the same subjects for his primary Fellowship examination; he did this shortly after and obtained the highest marks ever given up to that time. In later years he regretted that owing to the change of plans necessitated by his accepting his Sydney appointment, he did not have an opportunity of completing the examination for the F.R.C.S.

Even in his undergraduate days Anderson Stuart had been attracted by the academic side of medicine, and soon after qualifying he definitely decided to adopt this as his career. By this time his

early inhibitions had been apparently successfully repressed and replaced by a considerable measure of self-confidence, for in his biography he is quoted as saying: "Before I graduated both Professor Turner and Professor Rutherford had noted that I gave promise of being a good teacher and they were right. I possessed the gift of orderly thinking in the presence of others, so that I had the essentials of a good teacher born in me."

FIGURE III. Aged nineteen years.

An opportunity to join the university teaching staff soon came, with an invitation from Professor Rutherford, of the department of physiology, to become his chief demonstrator. He accepted at once, and to prepare himself spent a year at Strasburg, in Germany, where he studied chemistry, physiology, experimental physiology and experimental pharmacology under some of the most distinguished professors of the day. While there he made a special study of the properties of nickel and cobalt, and on his return used the material he had collected as the basis for a thesis for his M.D. degree, which he obtained in 1882, once more being awarded a gold medal.

With his foot on the first rung of the academic ladder of the famous Edinburgh medical school, young Stuart seemed securely

launched on a brilliant career of teaching and research, and there seems little reason to doubt that had he not changed his plans he would have won great distinction in both these fields. However, when he learned in 1882 that the University of Sydney had decided to establish a medical school, and as the first step was inviting applications to fill a chair of anatomy and physiology, the prospect of founding his own medical school proved irresistible, and he promptly made up his mind to secure the position.

There is no record of any other candidate having been in the field; but Stuart was a man who left nothing to chance, and so it was that his application for the chair was supported by what must have been one of the longest and most influential lists of testimonials ever presented in support of a candidate. On it appeared the names of distinguished professors from almost every university of Scotland, England and Ireland, and several more from Germany, while in addition there was a testimonial bearing the names of sixty of his fellow graduates and university teachers, and another on which appeared the signatures of more than 200 junior demonstrators and students.

As soon as his appointment was announced he started making plans so as to arrive in Sydney early in 1883. As he was already engaged, he lost no time in getting married. The wife he chose was a gay and attractive girl of twenty, coming from a social group with which he can have had little contact prior to graduation. It is said that her engagement to the clever, rather serious, young professor was a nine days' wonder to her friends, and aroused considerable opposition from her parents. The reaction of the groom's parents is not recorded, but we can well believe that his wise Scottish mother was sparing in speech but spendthrift in forebodings. Their plans completed, the young couple embarked on the Peninsula and Oriental steamship *Parramatta* on her maiden voyage to Australia, expecting to arrive there in March, 1883.

It will be opportune at this stage to digress from our main theme for a few moments while we try to capture a mental picture of what Sydney was like when Anderson Stuart arrived, to enter upon that second phase of his career that we have now to consider.

Such vast changes have taken place in the last sixty-five years that we cannot hope to secure an adequate historical appreciation of the sequence of events in which he played a part without having some understanding of the background against which they were enacted. Moreover, while our chief interest in that background is with the position of medicine and particularly with medical education, it will be possible to see them in their proper perspective only if we make a general survey of the environment in which they were functioning.

It was a time when the original capital of Australia was just beginning to move forward again after the long period of relative stagnation that had followed the foundation first of the State of Victoria and then that of South Australia, during which the flow of

population had largely been in the direction of Melbourne and Adelaide. Indeed, the discovery of the rich Victorian goldfields had proved so great a draw that in 1881 the population of Victoria had become greater than that of New South Wales—882,232 against 781,263.

Sydney, having developed haphazardly and without the careful planning of other capitals, was conspicuous for its narrow, winding streets, which largely followed the contours of the ground and had been originally worn by the bullock teams that still occasionally traversed them. Though many of the houses facing the streets were wooden structures, and buildings of four stories were quite exceptional, most of the ramshackle buildings were already doomed, for the eighties were a time of transition, and before the decade was over they had been replaced by what contemporary writers described as splendid new structures. As the city was still largely residential, private houses were often cheek by jowl with shops. Some of the shops, however, seem to have made a brave showing, for one distinguished visitor, writing in 1883, noted that the streets were gay with shops and were something of a fashion parade for crowds of pretty, well-dressed women. This gaiety must have faded rather abruptly at sundown, for the custom still held of putting up the shutters at the end of the day's business.

Some of the finest private mansions at that period were to be found in Macquarie Street, which had not yet been invaded by doctors. Among present public buildings that were already standing may be mentioned Government House, Government House Stables (which have now been converted into the Conservatorium of Music), the General Post Office, the Australian Museum, the Supreme Court and Saint James's Church. The South Head Light House had just been completed and its light acclaimed as the finest in the world. Saint Mary's Cathedral was in course of construction, but the Town Hall was not completed till 1888.

Though many still had their homes in the city, there was an increasing tendency for the population to move out into the growing suburbs. Glebe Point had long been a fashionable residential area, but its day was nearly over. Rushcutter's Bay had not yet been reclaimed, but Darling Point was being rapidly built over and houses were going up further out along the foreshores as the big estates were being cut up.

The hygiene of the city had received very inadequate consideration, and in consequence diseases like typhoid fever were rife. The Devonshire Street cemetery was still in use, and all the sewerage of the city flowed into the harbour at Circular Quay and other places.

The water supply was obtained from the swamps at Randwick, which then included what later became Centennial Park.

Public transport was conducted mainly by an extensive system of horse-drawn buses of various types, set off by timekeepers at various points in the city. The more pretentious of these buses had

two upholstered seats running lengthwise; but those that did the chief work of conveying people to and from work were large double-deckers drawn by four or five horses, which carried as many as forty passengers.

For individual transport a number of smart hansom cabs drawn by well-groomed and spirited horses were available, and at that time—and for long after—Sydney had quite a reputation for its hansom cabs.

Trams had been first introduced in 1879, the first one running along Elizabeth Street from Hunter Street to the railway terminus, which was then at Redfern. This was still the only tram in 1883, though in 1882 the city terminus had been extended to Bridge Street. These trams were, of course, driven by steam, as were all those that followed till 1899—with the exception of one cable tram that later ran as far as Edgecliff Post Office. It was not till 1899 that electric trams were introduced.

The railways were pushing out more and more into the country; but the north had not yet been connected, so that Newcastle and other northern towns had only steamer connexion with the metropolis. The railway connecting Sydney and Melbourne was under construction, but was not completed till late in 1883.

There were a number of ferries plying between various points in the harbour, and three paddle-boats provided a service to Manly; but beyond Milson's Point the northern side of the harbour was only sparsely populated.

Turning now to the social and political fields, we find that though the period from 1880 to 1900 was the great era of free trade in New South Wales, and though there was a general sense of prosperity as millions were being spent in public works, there was at the same time a great deal of social unrest. There was a good deal of unemployment, and the less privileged classes were becoming more vocal and expressing a growing demand for an eight-hour day. The trade unions, though not yet a political party, were becoming powerful, and bitter speeches were being made in the Domain.

Sir Henry Parkes, who was agitating for federation and free education, concluded one of his terms as premier in January, 1883. The government that succeeded him under the premiership of Alexander Stuart, and held office till 1884, contained such notable figures as George Reid and William Bede Dalley, while Edmund Barton and George Dibbs had seats in Parliament. Lord Augustus Loftus was Governor and Sir James Martin was Chief Justice.

The practice of medicine was being conducted by an extraordinarily varied assortment of practitioners, for the only Medical Act in force made no pretence of regulating the profession of medicine; it merely made it obligatory that medical evidence in a court of law should be given only by qualified medical witnesses. In consequence, many of the so-called doctors practising all over the State were either entirely unqualified or had perhaps spent a year or

two at some medical school but for various reasons had failed to complete the medical course, and there was little chance of the average layman who required medical or surgical treatment knowing whether those whose advice he sought really had had any medical training. However, in 1884, a *Medical Act Amendment Act* was passed by Parliament, providing for compulsory registration.

It was a much-needed step in the right direction, though in order to protect vested interests the Act contained the provision that those who had been in practice for ten years should be licensed and put on the register whether they had any diploma or not. There was naturally a good deal of criticism at the time about this creation of doctors by Act of Parliament; but it was obvious that some such initial step had to be taken.

Unquestionably some of these men—particularly those with a modicum of initial training—had, through years of practical experience combined with the reading of current medical literature, acquired quite a reasonable appreciation of the medical knowledge of the day, and it would have been extremely difficult to differentiate them from those who were little better than quacks, but at the same time very unfair to deprive them of the practices they had been allowed to build up. The Act also provided that those who had been practising for shorter periods had to submit to examination, a provision that served to weed out the completely ignorant. It may be added that the majority of these diplomaless practitioners were found in outback areas where there was a dearth of qualified doctors.

In the city, of course, many of those in practice were very competent, most of them having emigrated from Great Britain; but there was a steadily growing proportion of native-born practitioners, who, after leaving school, had enrolled at British universities and obtained their qualifications there.

The idea of having a medical school in the University of Sydney had been mooted long before 1883; indeed, when the university was established in 1850, mention was made by its founders of giving degrees in medicine, and in the Royal Charter granted in 1858 the university was explicitly given the power to grant, after examination, the degrees of bachelor of medicine and doctor of medicine.

The first move made by the university to avail itself of the privilege bestowed in the charter in regard to medical degrees was to appoint a board of eight examiners in medicine, headed by Dr. John Smith, who was elected Dean of this Faculty of Medicine. While this body contented itself with granting a certain number of degrees *ad eundem gradum,* the question of starting a school of medicine was from time to time raised in the Senate, but dropped because of the opposition of the Faculty, particularly the Dean, who considered that the time was not ripe.

Rather curiously, the actual founding of the school was accelerated by the fact that a would-be assassin seriously wounded His Royal Highness Prince Alfred, afterwards the Duke of Edinburgh, at Clontarf in 1868. On the recovery of His Royal Highness a sum

of £30,000 was raised to establish a memorial as an expression of public thankfulness, and after considerable discussion and delay it was decided to build the Prince Alfred Memorial Hospital on part of what had been Grose Farm, and an Act of Parliament was passed in 1873 to provide for the foundation of the hospital in this area. The Act also stipulated that the medical staff of the hospital should be appointed by a conjoint board consisting of the Senate of the University of Sydney and the Board of Directors of the hospital sitting together, and that it should be open for clinical teaching to students of the medical school when established.

FIGURE IV. Aged twenty-eight years.

There was considerable delay in the actual building of the hospital, and it was not till September, 1882, that it was opened to receive patients. Meanwhile, the foundation of a medical school was being held up in the Senate, as the less venturesome members favoured two years' preliminary training for students who were to complete their course in Great Britain. However, in 1879 it was unanimously decided to provide a complete medical course as soon as the necessary funds were available. An approach to the government of the day for money met with no response; but after Mr. Challis in 1880 had left a sum of £250,000 to the university the Government relented,

and in 1882 it agreed to finance a medical school. The Senate at once determined to go ahead, and as a first step invited applications for the chair of anatomy and physiology, on his way to fill which we left Professor Anderson Stuart when we made this digression.

The *Parramatta* berthed in Melbourne towards the end of March, 1883, and to keep faith with the four students who were waiting to begin their training, Stuart decided to come on to Sydney overland—a journey that entailed spending a day sitting bolt upright in a coach driven over a rough road, as the Sydney and Melbourne sections of the railway had not yet met. The morning he arrived he plunged straight into work. He visited the university to inspect his medical school, which he found consisted of the foundations of a four-roomed cottage with the walls about half-way up. Undeterred, he began lecturing before the doors and windows were in—much to the entertainment of the workmen.

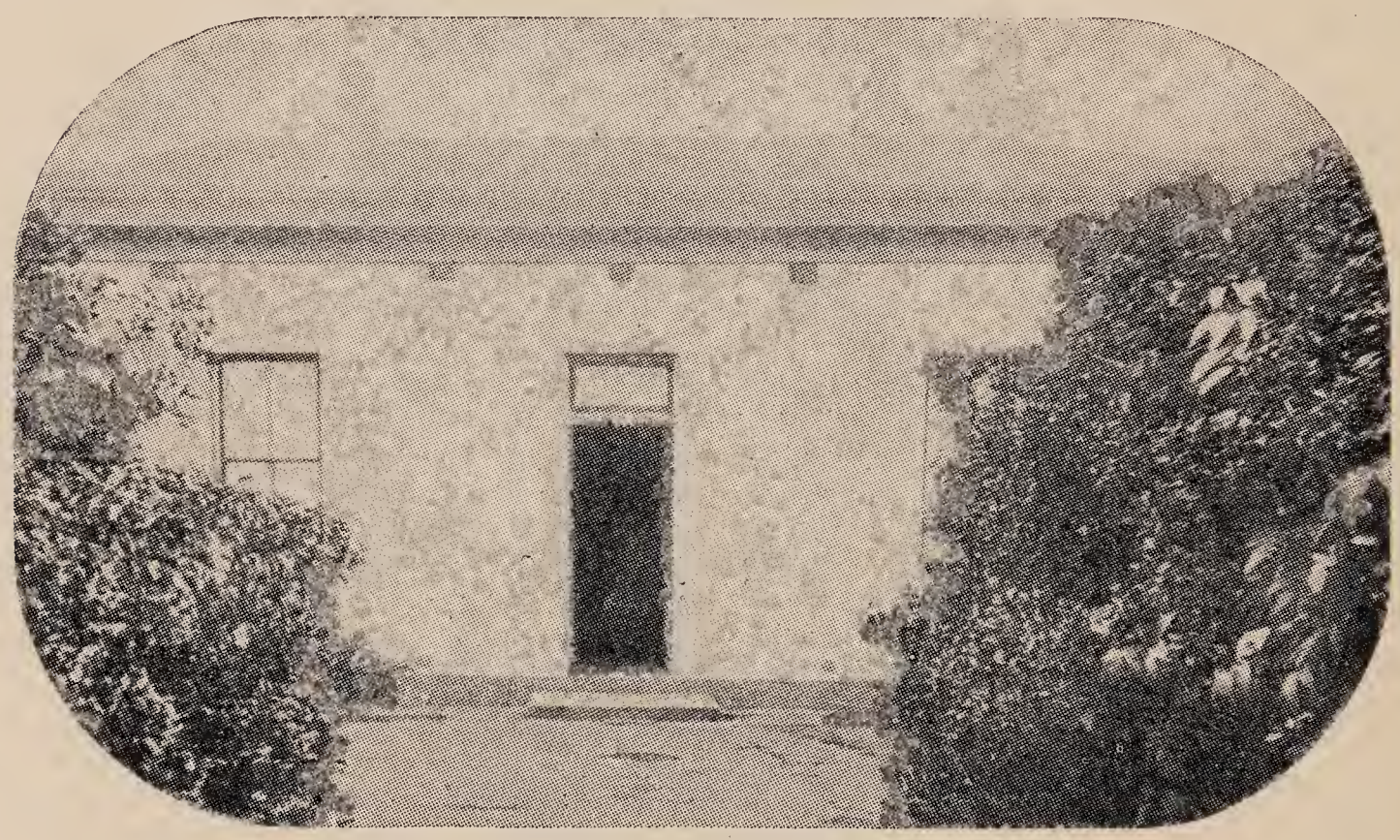

FIGURE V. The Medical School in 1883.

At first only two of the rooms were allotted to anatomy and physiology, the other two being occupied by the professor of natural history; but the latter was soon driven out by the dissecting-room atmosphere, and not long after, the four rooms proving inadequate, two more were added.

Meanwhile the Stuarts had settled in a home in Toxteth Street, Glebe, for Glebe was still a fashionable residential suburb and favoured by the university staff, as it gave comparatively easy access to the university at a time when transport was difficult and a walk of a mile to and from work not yet regarded as a superhuman performance.

As professor and head of the school Stuart now gave himself up entirely to his work, leaving his home early in the morning and

retiring after the evening meal to his study to prepare his lectures for the next day and to develop his plans for the future. The most immediately urgent of these plans was concerned with providing the staff he needed to build round himself to share in the instruction of the students.

The first appointment he made was a very important one for Australia, for he persuaded Alexander MacCormick to come out as his demonstrator in anatomy. By the boat that brought MacCormick there arrived Mr. John Shewen, who had been technical class attendant to Professor Rutherford and had come to occupy a similar position in Sydney. John Shewen was to play a distinguished part in the physiological and anatomical departments for many years, and his extraordinary skill in preparing models and diagrams and arranging the technical details for the professors' lectures unquestionably played a great part in their success.

Stuart had a flair for selecting able young men as his demonstrators, and Professor J. T. Wilson, Sir Charles Martin and Sir Almroth Wright all served apprenticeships as demonstrators in his departments. Indirectly he was also the means of enticing Dr. Robert Scot Skirving to come to Sydney through suggesting to him that he should apply for the vacant position of medical superintendent of Prince Alfred Hospital.

There was another subject that needed much thought and planning, and that was the curriculum. Actually, the members of the Faculty had drawn up a tentative curriculum before his arrival; but it did not meet with his approval and so he proceeded to draw up another. At the same time he had an enormous amount to do in planning the work and duties of everyone who joined the staff of the rapidly growing school.

Meanwhile, of course, much larger funds were required than had been anticipated, and Stuart, who had become Dean of the Faculty, began pressing his demands upon the Senate, of which he was now a member. He soon found himself at loggerheads with the Chancellor of the day, Sir William Manning, who rather resented and resisted the expenditure on the medical school of what he regarded as a disproportionate share of the limited funds available. The interests of Sir William, who was one of the most cultured men who has ever worn the chancellor's robes—were mainly in the Faculty of Arts, which, as he expressed himself in his address at the commemoration in 1886, was "the chief source of culture and preparation for the world's higher work". He regarded subjects like medicine, science and engineering rather in the light of vocational interlopers.

Long before that address was given, however, Anderson Stuart had formed the ambitious plan of erecting an entirely new medical school on a scale vastly superior to anything that had ever been in the minds of the other Fellows of the Senate. In 1885 he persuaded the Senate to agree to approach the Government for money to complete the medical school, and in later years he frankly admitted that when

the money was voted by Parliament it was understood that it was for extensions to be added to the six-roomed building in which he was working. Actually, however, he had, with the assistance of the Colonial Architect, been preparing plans for an entirely new large Gothic building to stand beside and harmonize with the existing block. As soon as the funds were available they were promptly spent on putting in the foundations of what was dubbed "Stuart's Folly" by many who gloomily forecast that it would never be completed and, if it was completed, would never be filled. The Professor was unperturbed, as he had no idea of having foundations without a superstructure, and once these were securely laid he became importunate in his approaches to the Government to have the building completed. As was so often to be the case in the future, he won the day, and within six years of his arrival his four-roomed cottage was replaced by one of the finest buildings in the southern hemisphere and one worthy to compare favourably with many medical schools in the Old World.

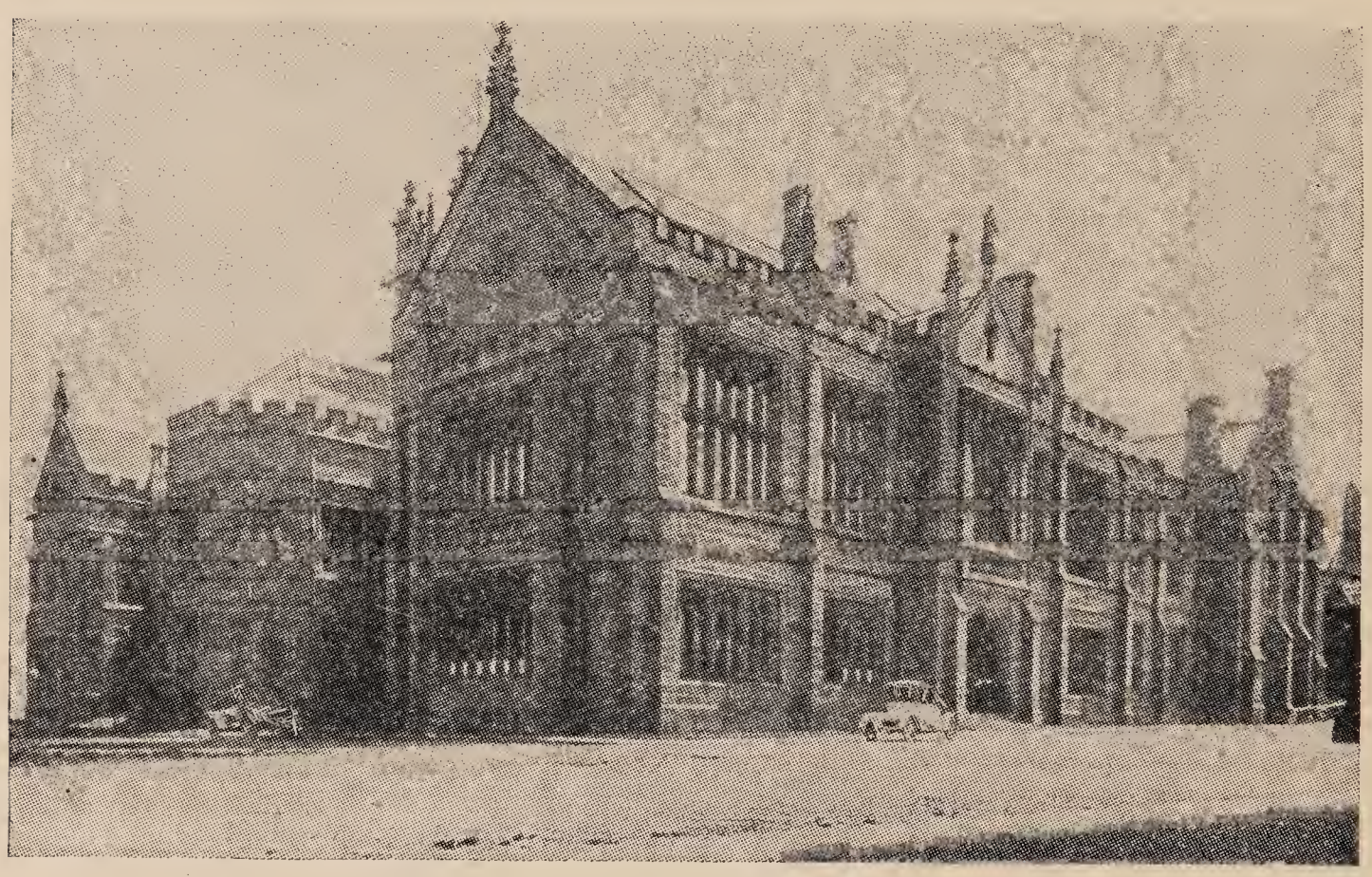

FIGURE VI. The Medical School in 1920.

It may be noted here that, while the new building was being planned, he, in 1884, had accepted an invitation to become an honorary physician on the staff of the Children's Hospital, which, being then located at Glebe Point, was conveniently situated for him. This was the only opportunity he ever took to engage in professional practice, and it was actually a rather stormy experience. His appointment itself aroused a certain amount of unfavourable comment, for it was made to fill a gap that had resulted from the resignation of the medical staff of the hospital over a dispute with the board of directors, and he had not been very long on the staff before some trouble arose

between the matron and the nurses. This quarrel became so acute that a magistrate was appointed to hold an inquiry, and in this Anderson Stuart figured so prominently that a cartoon appeared in *The Bulletin* depicting him engaged in a tug-of-war with the matron.

This storm had hardly blown over when in 1887 he found himself, with his fellow honorary physician Dr. Scot Skirving, on the defence and facing a charge of neglecting hospital duties. A public inquiry was again held, but both physicians were exonerated. He remained on the staff till he resigned in 1891.

FIGURE VII. "The Tug of War" (from *The Bulletin*).

In 1886 he sustained a great shock through the sudden death of his wife in tragic circumstances. The marriage had not proved a very happy one, for Mrs. Stuart was not the type of woman to acquiesce readily in a domestic life in which her husband was away all day and too busy to pay her much attention in the evening. Young, highly strung, artistic and socially minded, she had resented very much that he could not find time to escort her to social functions at which, in those days, it was regarded as highly improper that a wife should appear alone, and as time passed she had become querulous, discontented and homesick.

Though greatly upset over his wife's death, Stuart threw himself with all the greater intensity into his plans for building his school and carrying on his own department. Here, though up till 1889, when a separate chair of anatomy under Professor J. T. Wilson was estab-

lished, he had to carry the heavy burden of teaching both anatomy and physiology, he still found time to engage in a great deal of valuable research. Much of this was concerned with the structure and functions of the eye, a subject in which he had always been particularly interested. Indeed, as the terms of his contract with the university allowed him freedom to do a certain amount of private practice, he had at one time planned to practise as a specialist in diseases of the eye, but he soon found that he had no time to do so. The throat also came under his scrutiny, and he made some useful contributions to knowledge by his researches into the act of swallowing and the functions of the larynx.

It may be here added that when later, in 1891 and 1892, he published the results of these researches in the *Proceedings of the Royal Society of London* and in *The Journal of Physiology,* they received favourable comments from the medical Press.

The activities we have been discussing would seem likely to leave Stuart little time for anything more; but he was always greatly interested in educating the public in health questions, and, conscious of his ability to teach, throughout his career he was always ready to give addresses on this type of subject.

He certainly lost no time in starting, for he gave his first four public lectures in 1883, dealing with elementary anatomy and physiology for those interested in nursing and ambulance work, and in 1885, in conjunction with Alexander MacCormick, he gave a series of lectures in the Great Hall of the University of Sydney, dealing with first aid in fractures, under the title of "Workmen's Emergency Lectures".

By 1890 everything was running so smoothly that with the consent of the Senate he decided to pay a visit to Europe, and it so happened that it was while he was there that the medical world was startled by the announcement that Dr. Robert Koch had discovered in tuberculin the long-sought cure for tuberculosis.

Fate had thus placed in Stuart's way an opportunity for enhancing his reputation and spreading it beyond the confines of Australia, for he received cables from the governments of New South Wales and South Australia and also from that of New Zealand commissioning him to act on their behalf and to proceed to Berlin in order to investigate and report upon the discovery. After exhaustive investigations, including personal interviews with Dr. Koch and leading specialists on the Continent and in England, he submitted a masterly report that received high commendation, not only in Australia and New Zealand, but, after its publication, in Great Britain as well. Time has shown that his final conclusion that the curative value of the new remedy had yet to be proved was remarkably sound.

On his return Stuart gave several lectures on the subject, both to the medical profession and to the general public, and this brought him more than ever into the public eye. Once more he figured in a cartoon in *The Bulletin* in his capacity of physician to the Children's Hospital.

He again visited Europe in 1891. By this time he was regarded as so distinguished that he was entertained at dinner by Sir Andrew Clark, President of the Royal College of Physicians, among the guests being Sir Joseph Lister and the President of the Royal College of Surgeons, Sir James Paget.

Soon after his return in May, 1891, he accepted an invitation from the New South Wales Government to fill a vacancy on the Board of Health, a position he continued to hold till the time of his death.

FIGURE VIII. Anderson Stuart on the Koch treatment (from *The Bulletin*).

When in 1892 the dual position of Government Medical Adviser and President of the Board of Health fell vacant, Sir George Dibbs, the Premier at the time, selected Anderson Stuart to fill it. As the joint offices carried a salary of £1,030, a goodly sum in those days, the appointment roused a good deal of unfavourable comment from disappointed would-be candidates, and one speaker in Parliament remarked that either there must be very little for Stuart to do at the university or the Government was getting very little for the salary it was paying. To avoid returning to this aspect of his activities, it may be here stated that during the four years that he held the position he was extremely active and was instrumental in bringing about many much-needed changes. He instigated a great deal of the large amount of health legislation that was passed through Parliament during the period and secured the land now occupied by the Board of Health and personally designed the buildings. Much of the legislation for which he was responsible was unpopular with those whose vested

interests were involved, and met with considerable opposition even from some members of the Board of Health; but when Stuart was confident he was right he went straight ahead, almost welcoming opposition as something to be crushed. The legislation has stood the test of time, but he made many enemies in the process of getting it on the statute book.

It was therefore not surprising that when in 1896 the recently constituted Public Service Board recommended that the position of Medical Adviser to the Government and President of the Board of Health should be held by a full-time permanent officer, he should be convinced that this was a deep-laid plot of his enemies to deprive him of his position. However, when the Government accepted the advice of the board, and at once made him the offer of the position at a considerably increased salary, he had no hesitation about refusing it, though he thereby lost about half his annual earnings. Moreover, though he felt he had been badly treated, he did not resign from the board.

It might have seemed that the dual role of university professor and President of the Board of Health would have fully occupied his time; but in 1892, the year in which he accepted the latter office, he became joint secretary of the Intercolonial Medical Congress which was held in Sydney that year. The position entailed a great deal of work, but he was indefatigable, and the great success of the congress, which met at the university, was very largely due to his efforts.

The following year he became President of the Royal Society of New South Wales and delivered a notable address in which he referred to plans that the society was making to cooperate with the British Association in carrying out some boring operations at Funafuti in the Ellice Islands, to establish or refute Darwin's theory as to the formation of coral, a matter on which he had been approached by the British Association when he was in England in 1891, being asked to stimulate interest in on his return. It may be added that it was not till three successive boring expeditions had visited the island and the bore had gone down 1100 feet that sufficient data were collected to establish for all time that Darwin's view as to the origin of coral islands was correct.

In 1894 Stuart married a second time and entered upon a domestic life of complete happiness that remained serene and unclouded till his death. There were four sons of the marriage, the eldest of whom died a few years after his father. Lady Anderson Stuart, who is happily still in robust health, is with us tonight. She is so well known to many in the audience that it would be a work of supererogation to say more than that in her her husband found a perfect mate.

Notwithstanding his numerous extramural activities, Anderson Stuart was punctilious in his university obligations. The teaching in his own special department of physiology was of a very high order. Not only was he an excellent lecturer and teacher himself, but he had,

as has been already mentioned, associated with him as demonstrators a succession of men who later achieved very great eminence in various fields of medicine. I did not myself attend Stuart's lectures, as I was admitted to *ad eundem* status from Adelaide after I had attended my physiology lectures there; but from those who did attend them I have learnt that his personal claims to being a good teacher were fully substantiated. He had a commanding presence and an excellent voice, and took pains to use simple, convincing language. He marshalled his facts well and made free use of admirable diagrams and models, many of which he designed himself with considerable ingenuity. The only criticism I have heard offered was that he was rather over-didactic in presenting a series of facts and conclusions and that he put less stress than is customary upon the data upon which the conclusions were based.

I was informed that this practice of his on one occasion involved his class in unexpected disaster, when, during the professor's absence, the annual examination paper was set by an outside examiner, who, as fate determined, proved to be less interested in the candidates' familiarity with physiological facts than in their knowledge of how the facts had been established. However, there can be no doubt that the facts were firmly impressed and that the student passed out from the class well versed in the physiological knowledge of the day.

As Dean of the Faculty Stuart exercised a firm control over all departments in the school, and it was not at all unusual for him to appear in a lecture room while instruction was going on; he would generally say a few words to the lecturer, gaze at the class, and go out. It was interesting always to note how shoulders braced up during the interruption. He had very strong views as to how the students should behave in his almost sacred building. Smoking and any horse-play even in the corridors were strictly forbidden, and any offender almost invariably found that the maximum university penalty of one pound for such derelictions was imposed.

As Dean of the Faculty of Medicine he had a seat on the board of the Prince Alfred Hospital, and he used his influence as far as he could to ensure that it would be brought up to a sufficiently high standard as a clinical school by the time his first group of students were ready to enter the wards. Coming fresh from Edinburgh, where everyone was steeped in Listerian methods, he had been scandalized to find that the matron did her ward rounds with a parrot on her arm! For many years, however, he had to use discretion and restraint, as up till 1897 Sir Alfred Roberts was honorary secretary of the hospital and virtually controlled it.

Sir Alfred used to spend the greater part of the day there, and as he was as dominating a personality as Stuart himself, it would have been obviously unwise for a newcomer to take up the cudgels. Actually, however, as a member of the board and of the house committee, he was able unobtrusively to exercise considerable influence on the hospital policy in its relation with the university.

The position of honorary secretary fell vacant while Stuart was on a third visit to Europe in 1897, and Professor J. T. Wilson was prevailed upon by the board to assume the office; but he found it distasteful and too time-consuming, and resigned in 1901. Anderson-Stuart was then approached, but he would accept the position only on the understanding that a paid secretary would be appointed to be permanently at the hospital and take charge of administrative details. For this position Mr. William Epps, destined to be his chief's biographer, was selected. It was a happy selection, for Mr. Epps proved to be an ideal secretary and rendered most valuable service to the hospital over many years.

FIGURE IX. "A Heap Big Medicine Man."

Before the new administrative arrangements had been fully organized, the chairman of the hospital, Sir Edward Knox, died, and Stuart was elected to the vacancy, also retaining his status as honorary secretary; but after another year this position was abolished.

From the time that he assumed the position of chairman till the time of his death Anderson Stuart was the autocrat of the hospital, and, regarding it as the complement of his medical school, he devoted an enormous amount of time and thought to bringing it up to the high standard as a clinical school that he was determined it should attain.

As I had been appointed medical superintendent of the hospital in January, 1901, I was, of course, brought into close contact with the new chairman, on whom, owing to my not having attended his lectures, I had hitherto looked as a stern, majestic figure best regarded from a distance. In carrying my memory back to those early days I can recall only two occasions on which I had personal relationship with him, but as there were special circumstances surrounding both these there may have been others that I have forgotten. As both illustrate certain facets in his character, it may not be out of place to refer to them. My first meeting with him was when I paid my official call on my arrival from Adelaide. I remember that he received me very kindly and greatly impressed me, but that he rather wounded my sense of loyalty to the university I had just left by indicating in his conversation how lucky I was to be admitted to a real medical school. The other meeting was quite an unexpected one in one of the corridors of the medical school and was not, on this occasion, a conversation piece; it consisted of the very terse statement: "Blackburn, I fine you one pound."

My association with him during the three years that I retained the position of medical superintendent was a very happy one and was the beginning of a friendship unbroken till his death. He was always most considerate and very helpful in discussing the many problems that had to be faced, especially before the appointment as secretary of Mr. William Epps, who then relieved me of much irksome non-medical administrative work.

If the hospital was to meet the needs of the medical school adequately, the most urgent problem was how to finance an increase in its size, for there were not enough beds to provide clinical instruction to the rapidly increasing number of students. The problem seemed likely to be solved in 1899, when a Royal Commission that had been appointed to consider how the urgent need for more hospital accommodation could be overcome had suggested that 200 more beds could be provided by expanding the Prince Alfred Hospital, and plans had promptly been prepared for two additional pavilions. However, when the board of the hospital in due course approached the Government to provide the necessary funds, offering itself to raise by public subscription the money necessary for equipping the new buildings, it met with no success.

While the plans were thus held up two events took place that provided the always alert chairman with just the opportunity he needed. The first was the acceptance by His Royal Highness the Duke of Cornwall and York—later to become His Majesty King George V—of an invitation to visit Australia for the purpose of opening the first Commonwealth Parliament and afterwards to pay a visit to Sydney. The second event was the death of Her Majesty Queen Victoria in January, 1901.

Anderson Stuart at once opproached the Government and obtained its consent to erect the two pavilions, to be named the Victoria and Albert Pavilions, as a State memorial and immediately afterwards

instituted a public fund to be known as "The Queen Victoria Memorial (Prince Alfred Hospital) Fund". Success was assured when the Duke cabled his consent to lay the foundation stone of the new building.

I now had a first-hand opportunity of observing Stuart's amazing energy and organizing ability, for he carried the major part of the work on his own shoulders. It was not a new experience for him, for he had on two previous occasions, not related to the university, played a leading part in raising large sums from the public. This time he was fortunate in that Dr. (afterwards Sir James) Graham was a

FIGURE X.

co-director of the hospital and also Mayor of Sydney, and was able to help him by calling a meeting in the Town Hall, where a strong committee was formed that succeeded in obtaining the £15,000 needed for providing the equipment by the time the buildings were ready to receive it.

As the time drew near for the official ceremony, arrangements were made for the foundation stone to be laid from a platform centrally placed so that the Duke and Duchess could be easily seen by the large gathering of invited guests.

When it came to finalizing the details my chief showed me a new side to his character by his obvious determination to be well in the limelight. He quite frankly stated that after doing all the work he

was not going to let others reap the glory, and accordingly arranged that before the Royal party arrived the other members of the board should be seated on the platform and be introduced to Their Royal Highnesses there. The only people actually to receive the guests were to be the chairman, myself, the matron and Mr. Epps, and then Stuart and Epps were to conduct the Duke along the balconies of the upper floors of the hospital and finish up at the dais, while the matron and I were to take the Duchess over the same route, but through the inside of the wards, so that she could, if she wished, speak to some of the patients.

I was definitely perturbed about my ability to entertain Royalty; but when the day came I found that Royalty was specially trained to make it seem easy. The part I most vividly recall was seeing through the window of a ward the chairman stride past with the Duke and his retinue almost trotting after him, one hand holding his familiar grey hat, while with the other outstretched he pointed out salient features.

The new buildings were not ready for occupation till late in 1904, and early in that year Anderson Stuart paid another visit to Europe and America, chiefly to inspect and acquire the latest hospital equipment.

The enlarged hospital now supplied adequate facilities for clinical teaching; but a new problem had arisen, for there was nowhere to house the additional nurses needed to staff the new wards. For Stuart, however, problems were there to be solved, and his case was so strong that he was able to persuade the Government to open its purse again and make the necessary funds available. The work was put in hand at once, and when splendid modern nurses' quarters with accommodation for 216 residents had been completed he was at last in the position to feel that he had under his control a compact, well-equipped clinical hospital, adequate to serve the needs of his medical school for many years.

Meanwhile there had been considerable structural growth in the school itself, for what had been called "Stuart's Folly" in 1889 had already, by the beginning of the new century, proved too small to serve the needs of the large classes. With his customary skill the Dean had persuaded the Government to provide funds to enable considerable extensions to be made to the original building—first in 1908 and again in 1910. By 1913 he was able to feel satisfied that structurally and culturally he had established a medical school and teaching hospital fully up to the standard at which he had aimed thirty years before, and he now prepared to settle down to administrative and teaching routine, fully confident that he would see his graduates measure up to world standards.

All too soon a great testing ground was prepared, for with the outbreak of war in 1914 graduates from the medical school were no less insistent on finding a place in the national forces than were those of all the other faculties in the university. Those present who are

old enough to remember have not forgotten how tragic it all was in the early days of the war; but Anderson Stuart (now Sir Thomas) had the great satisfaction of hearing on all sides that his old students, with those of the other Australasian universities, were showing on every front magnificent professional skill, courage and enterprise, unsurpassed by those who had joined the Allied medical services from any of the schools in the Old World.

He himself, however, was not one to remain idle in a crisis and was at once stirred into his old restless activity. Anxious to cooperate in every possible way with the Federal Government, he offered to provide some training in special army procedure for young graduates who were being accepted for service, and as the war dragged on and a possible shortage of reinforcements was foreshadowed, he made considerable changes in his beloved curriculum so that by reduction in the length of vacations the medical course could be shortened and the supply of officers kept up. As the wounded began to come back he made 120 beds available in the Royal Prince Alfred Hospital for their treatment, an arrangement that greatly helped the Government during the time required to get the military hospital at Randwick established.

Anderson Stuart had received the honour of knighthood early in 1914 and the news had met with general approval and a feeling that the honour was long overdue. He had already been the recipient of an imposing list of academic distinctions from other universities, but had seen many contemporaries knighted who undoubtedly had not rendered anything like comparable service. Many thought that it was to some extent his own fault, because, unlike most people who would leave it to others to extol their virtues, it was not in his nature to keep silent if he thought he was overlooked, and he made no secret of the fact that he felt wronged. It was so well known that he was angling for a title that, despite their pleasure that he had got it, his irreverent students could not forbear publishing a cartoon in their paper *Hermes*.

Graduates returning from the war early in 1919 found their former professor looking older and seeming to lack a great deal of his former fire, but had no suspicion that there was anything serious behind the change till they were shocked to hear before the middle of the year that he was stricken with a mortal illness.

Coming from a long-living stock, Sir Thomas had confidently looked forward to a serene old age, spent in the charming home he had built for himself, from which he could watch the vigorous growth of the medical school he had founded and see his four sons growing up and taking their place in the world. The sudden shattering of these well-laid plans might well have been an overwhelming blow; but it was not in his nature to submit to defeat without putting up a fight, so, though this fight was one he was doomed to lose, he determined to carry it to the last ditch. With a courage and heroism that were the profound admiration of even his bitterest enemies, he continued to discharge the duties of lecturer, Dean of the Faculty of

Medicine and Chairman of the Hospital Board as assiduously as ever, almost to the time of his death.

I was privileged to see much of him during the period, and I was often amazed to find that despite the gravest discomfort he was dragging himself day after day to the university and the hospital.

FIGURE XI. "At Last!" (from *Hermes*).

His students, who could not fail to see how desperately ill he was, were deeply moved by his indomitable pluck, and on the occasion of the last lecture of the term in December, 1919, which they all recognized would be the last he would deliver, they staged a farewell demonstration by enacting a scene in his lecture theatre that would have been unthinkable in the hey-day of his deanship. The lecture had hardly begun when bagpipes began to squeal and, despite the professor's protests, they were followed by songs and general revelry. Sir Thomas was greatly moved by this thoroughly unorthodox demonstration of affection and goodwill, and, abandoning the lecture, entered into and obviously enjoyed the fun, which terminated in the writing of a farewell message on the blackboard and the presentation of a signed group photograph of the year and the drinking of a bottle of champagne.

There were no more lectures, for before another academic year began the end had come on the last day of February, 1920.

The intellectual ability of Anderson Stuart was of so high an order that he would assuredly have been an outstanding figure in any period of history in which he had been called to play his part.

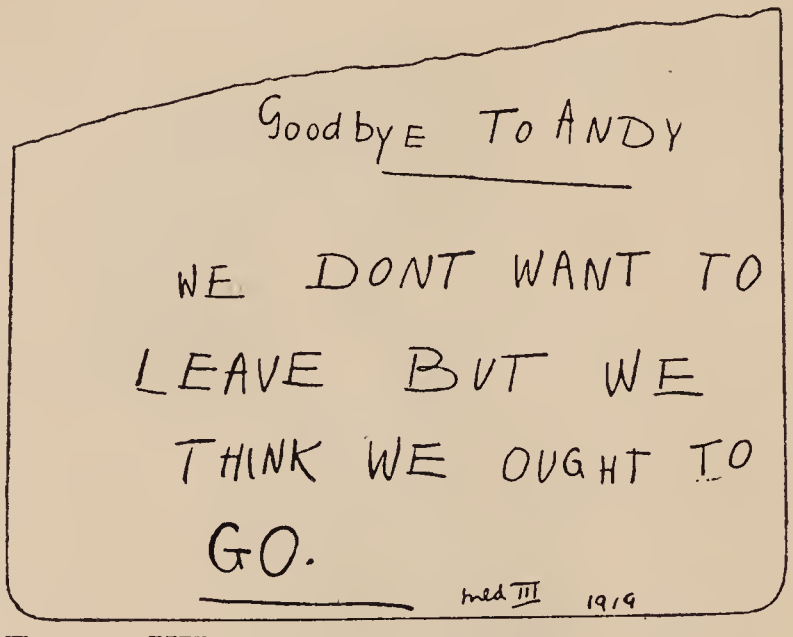

FIGURE XII. Farewell message, third-year medical students, December, 1919.

We have seen that it was not till he was sixteen years old that he appeared to realize that he had mental attainments of an exceptional order, but that by the time he graduated in medicine he had acquired an extraordinary degree of self-confidence. However, this good conceit of himself was soundly based on unusual insight and self-understanding, which justified him in believing that if he were given the opportunity he had the capacity to make a notable contribution to the history of medicine in his day.

Fortunately for the Empire, for Australia, and particularly for the University of Sydney, an opportunity was provided when the Senate of that university decided to establish a medical school.

Stuart came to Sydney fired with an ambition to establish, in what was then still a distant outpost of the Empire, a school of medicine of equal stature to the best in the Old World, and to this ideal he devoted himself with relentless pertinacity for the rest of his life. When, thirty-seven years later, the time came for him to hand over his completed work to his successors, he could well feel that his ambition had been fully satisfied and that he had to his credit an achievement without parallel in the history of medicine.

In the brief period of less than two generations he had been personally responsible for the expansion of the half-finished cottage with four students into which he had been inducted, into a magnificently housed, admirably organized and fully equipped medical school, serving the needs of a thousand students and in close liaison with a no less efficiently organized and equipped clinical school. Never before has a medical school acquired such maturity and acknowledged status in so short a time, and it is for his genius in bringing this

about that we honour Sir Thomas Anderson Stuart tonight, and that his name will be for all time gratefully linked with the school he founded.

Any attempt to analyse the character of one who played so large a part in public life as Anderson Stuart did is hampered by the fact that those qualities that bear fruit in notable public undertakings are prone to carry the seed of private discords, for what may be classed as faults in regard to personal and private relationships may be exalted almost to the level of virtues when employed in the futherance of great projects.

FIGURE XIII. "The Dream that Came True."

Not even his bitterest enemy would have denied that he had outstanding intellectual ability and that this was combined with unusual clarity of mind and with that attribute of genius an infinite capacity for taking pains. He showed typical Scottish caution in never embarking upon any project until he had surveyed it from every angle and had satisfied himself that it was soundly based. Unfortunately, when the plan was launched he often encountered opposition that might have been avoided if he would have taken more pains to

explain to others the premises on which it was based, rather than expecting them to accept it simply because it had his approval. However, he seemed frankly indifferent about making enemies and appeared to revel in overcoming those he regarded as obstructionists, when often the exercise of a little tact might have won them over to his point of view. He was rather overbearing and somewhat lacking in polish and in the social graces, and this from the beginning alienated some of the more cultured Fellows of the Senate.

It has been pointed out that in his early relationships with the Senate he was faced with the task of persuading them to jettison their timid plans for a very gradual development of a medical school—a plan which was no doubt much more in keeping with the state of advancement in Sydney itself at that time. His chief supporter was Sir Normand MacLaurin, who became an increasing force in the Senate from the time he became a member in 1883, and when MacLaurin became chancellor in 1896 all difficulties, so far as the university was concerned were cleared away. Indeed, from then till Sir Normand's death in 1914 these two Scots between them completely dominated the Senate of the university and the Board of the Prince Alfred Hospital in all medical matters. They were an admirably adapted pair, for when Stuart's forceful pertinacity met with a check the subtle persuasiveness of his suave and more crafty partner often won the day.

Though forcefulness rather than tact was conspicuous in most of his dealings, Anderson Stuart must also have had some flair for diplomacy when there was no other alternative, for he met with extraordinary success in obtaining very large sums of money for his projects from successive governments. Politicians are so notoriously tenacious of the funds at their disposal that he could have persuaded them to loosen the purse strings only by making them quite satisfied that the money would be well spent. Some who envied him his success spoke of him as a pastmaster at log rolling; but if any logs were rolled they were all rolled into his projects and none into his private advancement, for no charge has ever been made that he derived any personal advantages from his relationships with so many who were in a position to bestow them.

The only paid position that he ever held outside his university appointment was that of Chairman of the Board of Health, and reference has been made to his chagrin at having to give it up. Few people will cheerfully surrender £1000 a year, so we can hardly be surprised that he showed some discontent; but there is no doubt that in this case his pride was hurt as well as his pocket, for he was well aware that the efficiency of the department had been enormously increased under his administration, and felt confident that it could continue to be as successfully administered on the same part-time basis. Moreover, it is very probable that he was right in his surmise that his enemies played at least some part in evolving the scheme that ousted him from the office.

It seems to be a defect inherent in those who attain to dictatorial powers that they grow increasingly sensitive to criticism, actual or suspected, and this was certainly the case with him. Indeed, his hypersensitivity became so marked that he would conceive a most intense aversion to individuals on the mere suspicion that they had slighted him or in some way tried to get the better of him. Unfortunately, this led to his being suspected of nepotism in regard to certain appointments made to the medical staff of the Royal Prince Alfred Hospital during a period of some years in which his choice was the dominating factor.

That the motive behind his action was not a personal interest in advancing the successful candidate, but sheer antipathy to the one rejected, I can affirm from first-hand knowledge. During the time when three of the very small number of elections that aroused comment took place I was on terms of such intimacy with him that I had no hesitation in discussing each case with him as it arose, in a friendly after-dinner talk; but I found that nothing that I could say would shake his conviction that the generally favoured candidate was disqualified on personal grounds, and I felt satisfied that his choice of the other candidate was simply based on the fact that he was obviously the most suitable next selection. However, these were matters of concern to a very limited group and had little bearing or influence upon the great popularity and esteem in which he was held by the medical profession. This particularly applied to the graduates of his school, whose respect and affection dated back to their student days.

Actually, most of the animosities that Anderson Stuart aroused were in no way related to his university activities, but arose mainly out of disharmony in connexion with his many other public activities. Several of these have been mentioned already, and it would be tedious to recite here the names of the many others. To these usually easy-going bodies he came as rather a stormy petrel with an urge to get something done, and his dictatorial manner and aversion to *laissez-faire* methods only too often led to discussions and estrangements. So it was from the membership of such societies that his enemies were largely recruited.

In this endeavour to review some of his personal traits no attempt has been made to gloss over the fact that, like the rest of us, Anderson Stuart had his faults; but when we subject these to close scrutiny we see that in the main they were petty and trivial, and that though of a type likely to excite animosity, they were not such as could in any serious degree detract from the greatness of his character. However, as a clue to a proper understanding of that character, this queer mixture of over-emphasized masculine virtues with almost feminine vices has a special medical interest, as it fits so closely into the pattern of what is known as an over-compensated inferiority complex.

It will be remembered that earlier in this address it was suggested that in his boyhood Stuart suffered from an inferiority complex, and for the benefit of those unversed in these terms it may be stated that this is a psychological description of the mental outlook of a child who

feels himself handicapped and unable to measure up to the standard of other children of his age, either generally or in some particular field in which he secretly longs to be successful. As a result he develops a general sense of resentfulness, which is often especially levelled at his parents. Those in whom the condition remains uncorrected supply the world's quota of grumblers and defeatists, who go through life convinced that the dice are always loaded against them. Many of these children, on the other hand, especially those with superior intellectual powers, develop a compensatory defence reaction by finding some field of endeavour in which they can excel, and, concentrating all their energies on this, they often derive so much satisfaction from outstripping their competitors that they tend to swing completely over to the opposite direction and become egotistical, overbearing and often ruthless in their outlook.

Viewed from this angle, Anderson Stuart presented the classical picture of an over-compensated inferiority complex, and it is interesting that he conformed to type in that he never fully succeeded in overcoming the outstanding inhibition of his childhood, for he rarely seemed at ease when seen in a social environment, usually appearing to fill the role of onlooker rather than player—figuratively still wistfully standing outside other people's houses and listening to the children playing within.

But it was only in social gatherings away from his own home that he seemed unable to throw off this aloofness and rather stilted manner, for in his own house and in his own domestic circle these inhibitions completely disappeared. As a host I always found him easy, friendly and entertaining, while some of my happiest memories are of evenings spent alone with him in his study, when, lounging back in an easy chair, he would range over a wide list of subjects, on all of which he would have something interesting to say.

And here, with this intimate picture of Sir Thomas Anderson Stuart as seen by his personal friends, I bring to its close the story in which I have endeavoured to portray his extraordinary public activities and the remarkable achievements for which you are assembled here to honour him tonight.

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THE books listed below have been added to the library since January 22, 1948.

Anatomy.—Polyak, "The Human Ear in Anatomical Transparencies", 1946; Treves and Rogers, "Surgical Applied Anatomy".

Bacteriology.—Topley and Wilson, "Principles of Bacteriology and Immunity", Third Edition, 1947, Volumes I and II.

Dermatology.—Fishbein (Editor), "Medical Uses of Soap", 1945.

Embryology.—Hamilton, Boyde and Mossman, "Human Embryology" (reprint, 1947).

Endocrinology.—Stokes, "The Blood Cholesterol Content in Myxœdema and Other Conditions", 1941.

Genito-Urinary.—Trueta *et alii,* "Studies of the Renal Circulation", 1947.

Hæmatology.—Whitby and Britton, "Disorders of the Blood", 1947.

Histology.—Maximow and Bloor, "Textbook of Histology".

Medicine.—*"The Medical Annual",* 1947.

Neurology.—Brain and Strauss, "Recent Advances in Neurology and Neuro-Psychiatry", Fifth Edition, 1946; Tredgold, "Mental Deficiency".

Oto-Rhino-Laryngology.—Eggston and Wolff, "Histopathology of the Ear, Nose and Throat", 1947.

Pædiatrics.—Ladd and Cross, "Abdominal Surgery in Infancy and Childhood", 1947.

Psychology.—Woodworth, "Psychology", Eighteenth Edition, 1946.

Radiology.—Glasser, Quimby, Taylor and Weatherwax, "Physical Foundations of Radiology", 1947.

Tuberculosis.—Rich, "The Pathogenesis of Tuberculosis", 1946.

Venereal Disease.—Moore, "The Modern Treatment of Syphilis", Second Edition, 1943.

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